



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO THE ATTENTION OF
5HR-11

MAY 26 1988

NOTICE OF PRP MEETING

CHICAGO
THOMAS J. LOVIE
10001 WEST PULASKI AVE
FRANKLIN PARK, IL 60131

Re: Ninth Avenue Dump, Gary, Indiana
U.S. Scrap, Chicago, Illinois

Dear Sir or Madam:

This letter is to notify you that for the purpose of encouraging good faith negotiations between you and the Agency, and among you and other parties potentially responsible for the above Sites, the U.S. EPA will conduct a meeting on June 9, 1988 at 1:00 p.m. at the Americana Congress Hotel, 520 S. Michigan Avenue, the Buckingham Room, Chicago, Illinois. You or your representatives are invited to attend.

At the meeting, the U.S. EPA will detail the existing knowledge about conditions at the Sites and describe the response activities that have been taken at the Sites to date. The Agency will also share information it has linking PRPs with the Sites, as well as answer any questions the PRPs may have regarding the Sites.

Very truly yours,

Edward Kowalski
Office of Regional Counsel

US EPA RECORDS CENTER REGION 5



410341

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery
†(Extra charge)† †(Extra charge)†

3. Article Addressed to:
MS SUSAN SWALES SHE-12
U.S. EPA, REGION V
WASTE MANAGEMENT DIVISION
CERCLA ENFORCEMENT SECTION
230 SOUTH DEARBORN ST
CHICAGO IL 60604

4. Article Number
163089678

Type of Service:
☒ Registered ☒ Insured
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X

7. Date of Delivery
3-2-87

8. Addressee's Address (ONLY if requested and fee paid)
"

PS Form 3811, Mar. 1987

* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

REGISTERED NO.
163089678

POSTMARK OF

Post Office Completion (Please Print)	Reg. Fee	\$360	Special Delivery	\$
	Handling Charge	\$	Return Receipt	\$ 70
	Postage	\$ 22	Restricted Delivery	\$
	Received by		ME	

Customer must declare Full value \$ 100.00

☒ With Postal Insurance ☐ Without Postal Insurance
\$25,000 Domestic Ins. Limit

Customer Completion (Please Print)

FROM
66126-01, DUE
10045 W. PACIFIC AVE.
FRANKLIN PARK, IL 60131

TO
MS SUSAN SWALES SHE-12
U.S. EPA - REGION V
WASTE MANAGEMENT DIVISION
CERCLA ENFORCEMENT SECTION
230 SOUTH DEARBORN ST.
CHICAGO IL 60604

PS Form 3806, RECEIPT FOR REGISTERED MAIL (Customer Copy)
June 1986 (See Information on Reverse)

S. SWALES SHR-11

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery
 ↑(Extra charge)↑ ↑(Extra charge)↑

<p>3. Article Addressed to:</p> <p style="text-align: center;">GRAPH-ON 10045 PACIFIC AVE FRANKLIN PARK, IL 60131</p>	<p>4. Article Number</p> <p style="text-align: center; font-size: 1.2em;">P 759 199586</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature — Addressee</p> <p>X <i>[Signature]</i></p> <p>6. Signature — Agent</p> <p>X</p> <p>7. Date of Delivery</p> <p style="text-align: center;">3.17.88</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; text-align: center; width: fit-content; margin: 10px auto;">07803</div>

PS Form 3811, Mar. 1987 U.S. G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery
 ↑(Extra charge)↑ ↑(Extra charge)↑

<p>3. Article Addressed to:</p> <p style="text-align: center;">GRAPH-ON 10045 WEST PACIFIC AVE FRANKLIN PARK, IL 60131</p>	<p>4. Article Number</p> <p style="text-align: center; font-size: 1.2em;">837 849531</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature — Addressee</p> <p>X <i>[Signature]</i></p> <p>6. Signature — Agent</p> <p>X</p> <p>7. Date of Delivery</p> <p style="text-align: center;">2.11.88</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; text-align: center; width: fit-content; margin: 10px auto;">07804</div>

STICK POSTAGE STAMPS TO ARTICLE TO CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED SERVICE.

TAGE, ES. (see front)

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

U.S.G.P.O. 1987-197-722

TO RETURN
Request
Endorse
of article
permitted
Attach
the receipt
Complete
Code in the
Print your
SENT
OF
UNITED STATES

PS Form 3800, June 1985

UNITED STATES

Print your name and address

TO RETURN

Request

Endorse of article permitted

Attach the receipt

Complete Code in the

Print your

SENT

OF

UNITED STATES

POSTAGE AND FEES

Postmark or Date

TOTAL Postage and Fees

Return Receipt showing to whom, Date, and Address of Delivery

Return Receipt showing to whom and Date Delivered

Restricted Delivery Fee

Special Delivery Fee

Certified Fee

Postage

P.O., State and ZIP Code

GRAPH-ON

10045 PACIFIC AVE
FRANKLIN PARK, IL 60131

NO INSURANCE COVERAGE PROVIDED
ANY AND INTERESTS

RECEIPT FOR CERTIFIED MAIL

P 759 199 586

11-11 53725

1.07

.75

.70

2.52